OIP	Ē,		PART B	- FEE(S)	TRA	NSMITTAL		
Complete and send to form, together with applicable f						Mail Stop ISSUI Commissioner fo P.O. Box 1450 Alexandria, Virg	or Patents	
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\				or <u>I</u>		(703) 746-4000	 	
INSTRUCTIONS: appropriate AIADE indicated unless cor maintenance fee noti	correspondence in ected below or direct fications.	used for trans icluding the F ed otherwise	emitting the ISSU Patent, advance ordin Block 1, by (a)	E FEE and liders and noti) specifying a	PUBLIC ification a new co	ATION FEE (if required of maintenance fees of the second ence address)	ired). Blocks 1 through 5 s will be mailed to the current ; and/or (b) indicating a sep	chould be completed where correspondence address as arate "FEE ADDRESS" for
CURRENT CORRESPO	ONDENCE ADDRESS (Note	: Use Block 1 for a	any change of address)			Note: A certificate of	mailing can only be used f	or domestic mailings of the
			papers. Each addition	is certificate cannot be used al paper, such as an assignme e of mailing or transmission.	ent or formal drawing, must			
InLight Solu	itions. Inc.					Ce	rtificate of Mailing or Tran	smission
General Counsel 800 Bradbury SE						I hereby certify that the States Postal Service addressed to the Ma transmitted to the USI	nis Fee(s) Transmittal is bein with sufficient postage for fit il Stop ISSUE FEE address PTO (703) 746-4000, on the	ig deposited with the United est class mail in an envelope a above, or being facsimile date indicated below.
Albuquerque, NM 87106 7/18/2005 RMFRRAH1 00000092 502443 10786662						LADELLA	+ L. Kumf	(Depositor's name)
						Judella	2 Bung	(Signature)
	00.00 DA 00.00 DA					July	12, 2005	(Date)
APPLICATION N				FIRST NAME	D INVEN	TOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/786,662	10/786.662 02/25/2004			John D. Maynar		1	P0110.US2	2984
TITLE OF INVENTION: DETERMINATION OF PH INCLUDING HEMOGLOBIN CORRECTION								
TITLE OF INVENT	UN: DETERMINATI	ON OF PH II	ACTODING UEM	OULOBIN	CICKLE	TION		
APPLN. TYPE	APPLN. TYPE SMALL ENTITY		ISSUE FEE		PU	JBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisiona	nonprovisional NO		\$1400			\$300 .	\$1700	08/08/2005
EXAMINER			ART UNIT		CI	ASS-SUBCLASS	ן	
KREMER, MATTHEW J		3736			600-322000	•		
1. Change of corresp	ondence address or inc	lication of "Fe	ee Address" (37	2. For prin	nting on	the patent front page, l	ist V.G.	11 6-26
CFR 1.363). Change of correspondence address (or Change of Correspond				2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,				
Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form				(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to				
PTO/SB/47; Rev Number is requi	of a Customer	registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is 3listed, no name will be printed.						
	E AND RESIDENCE							
PLEASE NOTE: recordation as set	Unless an assignee is forth in 37 CFR 3.11.	identified be Completion of	low, no assignee of this form is NO	data will app Γa substitute	ear on t	he patent. If an assig g an assignment.	nee is identified below, the	document has been filed for
(A) NAME OF A	SSIGNEE		(В) RESIDENC	CE: (CIT	Y and STATE OR CO	UNTRY)	
INLIGHT	SOLUTIONS	, INC.		ALBU	que	RQUE, NM		
Please check the app	ropriate assignee categ	ory or catego	ries (will not be pr	inted on the p	oatent) :	Individual 📈 C	Corporation or other private gr	roup entity Government
4a. The following fee		· · · · · · · · · · · · · · · · · · ·		. Payment of				
☐ Issue Fee			A check in the amount of the fee(s) is enclosed.					
Publication Fee (No small entity discount permitted)				Payment by credit card. Form PTO-2038 is attached.				
Advance Order - # of Copies				The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 302, 443 (enclose an extra copy of this form).				
	Status (from status in		()		-			
	aims SMALL ENTIT						LL ENTITY status. See 37 C	
The Director of the UNOTE: The Issue Fe interest as shown by	JSPTO is requested to e and Publication Fee the records of the Unit	apply the Issu (if required) vector States Pates	ie Fee and Publicat vill not be accepted ent and Trademark	tion Fee (if at I from anyon Office.	ny) or to e other t	re-apply any previous han the applicant; a reg	ly paid issue fee to the applic sistered attorney or agent; or	cation identified above. the assignee or other party in

Registration No. Typed or printed name This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Authorized Signature